

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042497

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5939

FILED DEC 10 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in lb

30 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

802 Tracy

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

Inside Limits  
Yes ☐ No ☐c. CITY  
OR TOWN

Kansas City

Reside on Farm  
Yes ☐ No ☐d. STREET  
ADDRESS

802 Tracy

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

BERT JAMES BOYD

4. DATE  
OF DEATH

Month

Day

Year

11 24 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/9/1883

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

Rail Road

## 11. BIRTHPLACE (City and state or country)

Topeka, Kans.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Lewis A. Boyd

## 13b. MOTHER'S MAIDEN NAME

Naomi E. Langley

## 14. NAME OF HUSBAND OR WIFE

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give v. or dates of service)

no

## 16. SOCIAL SECURITY NO.

[redacted]

## 17. INFORMANT

Ann Betts 802 Tracy K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Circulatory failure  
Arteriosclerotic Heart Disease

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Hugh H. Owens Coroner

132 Union Station

12-26-62

## 23a. BURIAL CREMATION REMOVAL (Specify)

Burial

## 23b. DATE

12/26/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington

## 23d. LOCATION (City, town, or county)

Independence, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

C. H. Blackman &amp; Son

## K.C., Mo.

## 25. DATE RECD. BY LOCAL REG.

11-26-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Bert B. Bennett*

Licensed Embalmer No. 4656

P. O. Address. Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.